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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		Doc# 2028016024 Fee \$93.00				
A. NAME & PHONE OF CONTACT AT FILER (optional)		RHSP FEE:\$9.	00 RPRF FEE: \$1.00)		
UCC MANAGER (312) 224-0416		EDHARD M. MOODY				
B. E-MAIL CONTACT AT FILER (optional) UCC@CASTLECREDIT.COM		COOK COUNTY RECORDER OF DEEDS				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
C. SEND ACKNOWLEDGMENT TO. (Name and Address)	_	DATE: 10/06/	2020 09:58 AM PG:	1 OF 2		
CASTLE CREDIT CO HOLDINGS, LLC 20 NORTH WACKER DRIVE #2275 CHICAGO, 10, 50606		THE ABOVE SPACE IS FOR FILING OFFICE USE				
DEBTOR'S NAME: Provide on' on Debtor name (1a or 1b) (use exact, name will not fit in line 1b, leave all or ner 1 Nank, check here and prov 1a. ORGANIZATION'S NAME	full name; do not omit, modify, or abbre ide the Individual Debtor information in					
OR 16. INDIVIDUAL'S SURNAME VAZQUEZ RODRIGUEZ	FIRST PERSONAL NAME EDUARDO	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)			
1c. MAILING ADDRESS 3630 W 81ST ST	CHICAGO	STATE	POSTAL CODE 60652	COUNTRY		
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use the name will not fit in line 2b, leave all of item 2 blank, check here and prive	ridr the individual Debtor information in					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PETSCNAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)			
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	ECURED PARTY): Provide City one Sr	Party name (3a or 3)	o)			
3a. ORGANIZATION'S NAME CASTLE CREDIT CO HOLDINGS, LL			,			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
3c. MAILING ADDRESS 20 NORTH WACKER DRIVE #2275	CHICAGO	STATE	POSTAL CODE	COUNTRY		
4.,COLLATERAL: This financing statement covers the following collateral;	A BECKET - LE	man to the		ZT 2.		
HOME IMPROVEMENT TYPE OF UNIT: HOME	IMPROVEMENT			s		
INSTALLED AT: 3630 W 81ST ST, CHICAGO, IL	60652		0	Pe		
COUNTY: COOK COUNTY				- · · s _)		
THIS IS A FIXTURE FILING						

Check only if applicable and check only one box: C	ollateral is held in a Trust (see UCC1Ad, it	em 17 and Instructions)	being administered by a De	cedent's Personal Repressional re
6a. Check only if applicable and check only one box:			6b. Check only if applicable	
Public-Finance Transaction Manu	actured-Home Transaction A Debtor	is a Transmitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable):	Lessee/Lessor Consignee/Cons	ignor Seller/Buye	er Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: CJ	180580			

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UCC FINANCING STATEMENT ADDENDUM

12	✓ This FINANCING STATEMENT is to be filed (for record) (or recorded) in the	14. This FINANCING STATEME		-	. "C	0	THE ACT NAME
	Andreas and the state of the st		American and a second 1		0,		a division of the state of the
12.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):			1			
11c.	. MAILING ADDRESS	СІТУ		STATE	POSTAL COD	DE 3	COUNTRY
OR	11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	VAIVE. FISHING		DNAL NAME(S)/		SUFFIX
11.	☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNO	DR SECURI.D PARTY'S	NAME: Provide	only one n	ame /11a or 11h))	
10c.	. MAILING ADDRESS	СІТ	<u> </u>	STATE	POSTAL COD	DΕ	COUNTRY
	INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
OR	10b. INDIVIDUAL'S SURNAME						
	10a. ORGANIZATION'S NAME						
10.	DEBTOR'S NAME: Provide (10a o 10°), only one additional Debtor name or do not omit, modify, or abbreviate any part of the Tebtor's name) and enter the manual or the manua						
	ADDITIONAL NAME(S)/IN TIAL (S)	SUFFIX	THE ABOV	E SPACE	IS FOR FILIN	G OFFICE	USE ONLY
	VAZQUEZ RODRIGUEZ FIRST PERSONAL AM. EDUARDO						
DR	90, INDIVIDUAL'S SURNAME						
	9a. ORGANIZATION'S NAME						